



Memorial Sloan-Kettering
Cancer Center

Physician Billing Department

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL
646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

PATIENT: HELEN S KAHANER		MRN: 35156600
MAKE CHECK PAYABLE TO: PHYSICIAN BILLING DEPARTMENT		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DINERS CLUB		
CHARGE #	TO CREDIT CARD #	
SIGNATURE:	EXP DATE:	
STATEMENT DATE	DUE DATE	AMOUNT YOU OWE
11/24/07	12/09/07	\$2771.14
AMOUNT ENCLOSED		

HELEN S KAHANER
20 HARROGATE DRIVE
HILTON HEAD ISL, SC 29928

MAIL PAYMENT TO:

PYHICIAN BILLING DEPARTMENT
PO BOX 26352
NEW YORK, NY 10087-6352

- PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS
CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL
646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS
AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE
CLAIMS AND PAYMENTS.

INVOICE NUMBER: 13066057

CHARGES

PROVIDER: NANCY ROISTACHER MD
CARDIOLOGY GROUP

02/26/07 EKG, INTERPRETATION AND REPORT ONLY \$40.00
TOTAL CHARGES: \$40.00

02/26/07 PAYMENT/ADMISSION	02/26/07 TOTAL PAYMENT
02/26/07 INSURANCE	02/26/07 PAYMENT TO PATIENT
03/09/07 PAYMENT	03/09/07 TOTAL PAYMENT
03/09/07 INSURANCE	03/09/07 PAYMENT TO PATIENT
0.00	

INVOICE NUMBER: 13066898

CHARGES

PROVIDER: TUNC A IYRIBOZ MD
RADIOLOGY GROUP

02/26/07 PRE-ADMISSION CHEST LATERAL/FRONT \$55.00
TOTAL CHARGES: \$55.00

02/26/07 PAYMENT/ADMISSION	02/26/07 TOTAL PAYMENT
02/26/07 INSURANCE	02/26/07 PAYMENT TO PATIENT
03/09/07 PAYMENT	03/09/07 TOTAL PAYMENT
03/09/07 INSURANCE	03/09/07 PAYMENT TO PATIENT
0.00	

INVOICE NUMBER: 13103689

CHARGES

PROVIDER: ROBERT T HEELAN MD
RADIOLOGY GROUP

03/09/07 CHEST SINGLE VIEW FRONTAL. \$45.00
TOTAL CHARGES: \$45.00

03/09/07 PAYMENT/ADMISSION	03/09/07 TOTAL PAYMENT
03/09/07 INSURANCE	03/09/07 PAYMENT TO PATIENT
03/09/07 PAYMENT	03/09/07 TOTAL PAYMENT
03/09/07 INSURANCE	03/09/07 PAYMENT TO PATIENT
\$12.15	

(SEE EXPLANATION OF BENEFITS ISSUED BY INSURANCE COMPANY FOR SURGEON'S FEE)

CONTINUED ON REVERSE SIDE ...

GUARANTOR/ADDRESS CHANGES					
PATIENT NAME	GUARANTOR NAME (IF NOT SAME AS PATIENT)				
STREET ADDRESS, APT #					
CITY	STATE / PROVINCE	POSTAL CODE			
EMPLOYER		WORK PHONE NUMBER			
EMPLOYER STREET ADDRESS		CITY STATE ZIP CODE			
INSURANCE CHANGES - PRIMARY			INSURANCE CHANGES - SECONDARY		
INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO	INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE
MAILING ADDRESS FOR CLAIMS			MAILING ADDRESS FOR CLAIMS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

*** IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE ***

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)



MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

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INVOICE NUMBER: 13131689

CHARGES

PROVIDER: SAMSON W FINE MD
PATHOLOGY GROUP

03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM	\$300.00
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM	\$300.00
03/09/07 DECALCIFICATION PROCEDURE	\$20.00
03/09/07 LEVEL IV-GROSS AND MICROSCOPIC EXAM 5 UNIT[S]	\$750.00
TOTAL CHARGES:	\$1370.00

PAYER INFORMATION	
03/09/07 PAYMENT TO PATIENT	03/09/07 TOTAL CHARGES
03/09/07 INSURANCE COUPON	03/09/07 INSURANCE COUPON
03/09/07 ADJUSTMENT	03/09/07 ADJUSTMENT
03/09/07 AMOUNT YOU OWE	03/09/07 AMOUNT YOU OWE
\$369.90	

INVOICE NUMBER: 13220113

CHARGES

PROVIDER: HARRY W HERR MD
UROLOGY GROUP

03/09/07 NEPHRECTOMY, PARTIAL	\$11865.00
03/09/07 ULTRASOUND, INTRAOPERATIVE	\$500.00
TOTAL CHARGES:	\$12365.00

PAYER INFORMATION	
03/09/07 PAYMENT TO PATIENT	03/09/07 TOTAL CHARGES
03/09/07 INSURANCE COUPON	03/09/07 INSURANCE COUPON
03/09/07 ADJUSTMENT	03/09/07 ADJUSTMENT
03/09/07 AMOUNT YOU OWE	03/09/07 AMOUNT YOU OWE
\$2389.09	

INVOICE NUMBER: 13243203

CHARGES

PROVIDER: PAUL H DALECKI MD
ANESTHESIOLOGY GROUP

03/09/07 KIDNEY, URETER SURG 235 MINUTES.....	\$2990.00
TOTAL CHARGES:	\$2990.00

PAYER INFORMATION	
03/09/07 PAYMENT TO PATIENT	03/09/07 TOTAL CHARGES
03/09/07 INSURANCE COUPON	03/09/07 INSURANCE COUPON
03/09/07 ADJUSTMENT	03/09/07 ADJUSTMENT
03/09/07 AMOUNT YOU OWE	03/09/07 AMOUNT YOU OWE
0.00	

(SEE EXPLANATION OF BENEFITS (EOB) FROM YOUR INSURER.)

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STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

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CHARGES

INVOICE NUMBER: 13710980

PROVIDER: ARTHUR A FRUAUFF MD
RADIOLOGY GROUP

09/27/07 CT ABDOMEN W/CONTRAST.	\$305.00
09/27/07 CT PELVIS W/CONTRAST.	\$280.00
TOTAL CHARGES:		\$585.00

PAYMENT/ACTIVITY	AMOUNT
09/27/07 TOTAL PAYMENT	\$585.00
10/01/07 PAYMENT	\$526.50
10/01/07 ADJUSTMENT	\$56.00
TOTAL OUT-OF-POCKET	0.00

CHARGES

INVOICE NUMBER: 13722902

PROVIDER: HARRY V HERR MD
UROLOGY GROUP

10/01/07 OFFC VST,EST PAT,LVL 2	\$85.00
TOTAL CHARGES:		\$85.00

PAYMENT/ACTIVITY	AMOUNT
10/01/07 PAYMENT	\$85.00
10/01/07 ADJUSTMENT	\$0.00
TOTAL OUT-OF-POCKET	\$85.00

YOUR ACCOUNT IS NOW IN OUR IN-HOUSE COLLECTION UNIT. PLEASE REMIT PAYMENT BY THE DUE DATE TO AVOID FURTHER COLLECTION EFFORTS.
 YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07. PAYMENTS RECEIVED BEFORE 12/31/07 MAY BE TAX DEDUCTIBLE.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 12/09/07
\$2796.85	\$25.71	13722902